



What is a High Reliability Organization (HRO)



High Reliability Organization



- A **High Reliability Organization (HRO)**
 - An organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity.
- Focus of a HRO
 - Safe reliable performance
 - Core characteristics embedded into the fabric of the organization
 - Leaders build expectations into daily organizational roles, routines, and strategies
 - Expectations create order and predictability around processes and practices
 - Members of the organization manage unexpected events through "mindfulness"



Three Imperatives to Becoming a HRO



- **Leadership Commitment**
 - Leadership commitment is important as without it, no important initiative for organizational change can succeed
 - Everyone must be committed to a long-term process and recognize that it may take ten to fifteen years
 - In addition, leaders must focus on the journey from low to high reliability by making it their highest priority
- **Safety Culture**
 - A culture that involves three mutually reinforcing imperatives:
 - Trust, Report, and Improve
- **Robust Performance Improvement**
 - A systematic approach using performance improvement methodologies and change management principles to dissect complex safety problems and guide organizations to deploy highly effective solutions



Why Army Medicine Wants to be an HRO



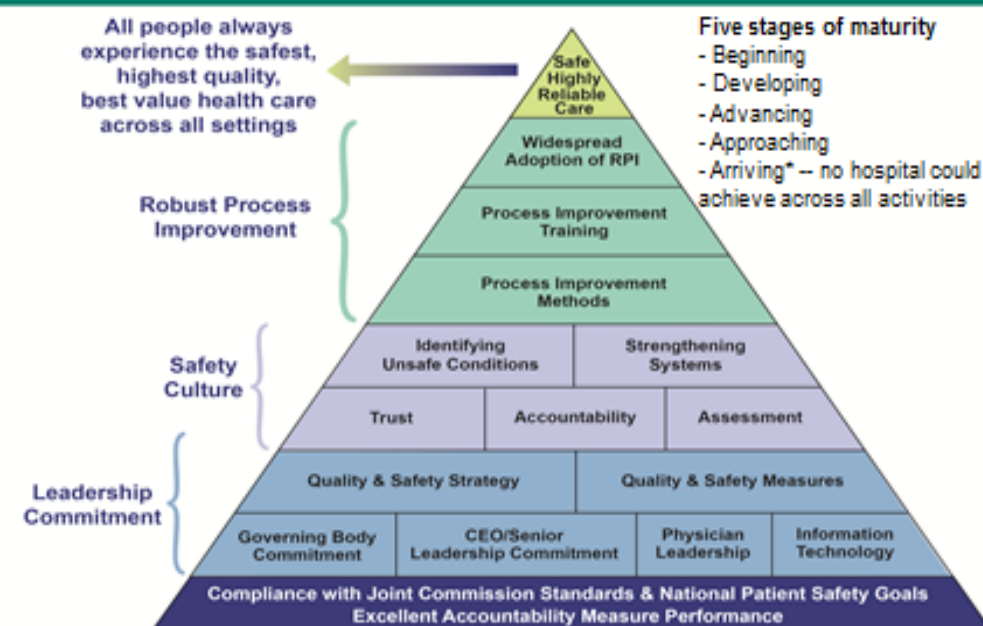
- HRO internal and external experts will lead organizations to
 - Provide safe effective care with a goal of eliminating all serious patient harm
- HRO concepts will be used to improve and/or build a culture of reliability:
 - Design reliable, standardized systems that support staff decisions
 - Develop calculated and mindful decisions and actions
 - Allows everyone to improve situational awareness
 - Leverage human factors through creation of intuitive designs that help people do the right thing
 - Manage by prediction and implement robust plans for expected and unexpected situations
- HRO Theory will:
 - Provide opportunities to apply best practice ideas in a healthcare setting
 - Allow staff to develop deeper understanding of what Army Medicine must do to provide the best possible care to each beneficiary
 - Improve beneficiary care and create a safe environment for patients and staff



Achieving High Reliability



Building Blocks to Achieving High Reliability



The Joint Commission

AMEDD Center and School
The Leadership Challenge Model
The Joint Executive Skills Institute
AMEDD Executive Skills Course

Team Organizational
Development Directorate
Team Building
Self Awareness
Change Management



MEDCOM has 502 completed projects
22 focus on Patient Safety, 43 on Quality, and 40 Access to Care.

Directorate of Strategy Management
634 Green Belts
558 Black Belts
34 Master Black Belts



What can High Reliability Organizations teach Health Care Organizations?



"**Collective mindfulness**" – prize the identification of errors or close calls for the lessons learned from careful analysis and remedies identified to strengthen protocols and reduce failure

Five High-Reliability Principles – all are necessary:

1. Preoccupation with failure - Any minor lapse is a symptom that something may be wrong with the system
2. Reluctance to Simplify - Create a complete and nuanced picture, subtle differences matter
3. Sensitivity to Operations - Attentive to the front line where real work is done, small deviations are earliest indicators of threats to safety
4. Commitment to Resilience – Not error-free, rather errors don't disable the organization, recognize errors quickly to reduce harm
5. Deference to Expertise - Authority migrates to people with most expertise and not organizational hierarchy or rank

Source: Weick and Sutcliffe, 2007 – *Managing the Unexpected*



MEDCOM Self Assessment of HRO Components (just an example, not actual assessment)



Stages of HRO Journey

- 1 = Beginning
- 2 = Developing
- 3 = Advancing
- 4 = Approaching
- 5 = Arriving

Phases to path ahead

— Current MEDCOM Score

— FY15

— FY16



Reference Article: High-Reliability Health Care: Getting there from here Mark R. Chassin and Jerod M. Loeb
The Milbank Quarterly, Vol. 91, No 3, 2013 (pp459-490)



Army Medicine Initiatives - Pathway to HRO



HRO Leadership Initiative:

Team and Organizational Development Directorate (TODD):

Organizational Development: An organization-wide, planned effort, managed from the top in order to increase organization effectiveness and health. These capabilities include:

- Change Management
- Interpersonal Communication
- Leader Development
- Organizational Coaching
- Organizational Development
- Organizational Resilience
- Self-Awareness
- Service Excellence
- Team Building

Leadership Development Army Medical Department Center and School (AMEDDC&S):

The Center is where the Army Medical Department formulates its medical organization, tactics, doctrine, and equipment. The School is where the Army educates and trains all of its medical personnel.

-Leadership Challenge Workshop. Major objective is improving leadership through the "5 Practices of Exemplary Leadership." . This is being taught in the AMEDD Pre-Command Course (PCC), Entry Level Executive Nurse Course (ELENC), and Civilian Life Long Learning (CL3).

-Joint Medical Executive Skills Institute (JMESI). Provides for leaders to develop skills to enhance performance by developing knowledge and information to make the right decisions and plan the way forward.

HRO Patient Safety:

Patient Safety is a critical component of Patient Care and the AMEDD has a variety of programs and initiatives to ensure our beneficiaries receive utmost care within a safety focused environment.

Examples Patient Safety Initiatives:

- Monitor Clinical Practice Guidelines to provide evidence-based recommendations
- Over 500,000 staff TeamSTEPPS trained with over 2000 trainers
- Medication Reconciliation Programs
- Quarterly Education Requirements
- Infectious Control Programs
- Standardized processes to minimize Adverse Actions

HRO Quality Management:

1. All Army facilities are accredited by The Joint Commission. An external agency that conducts surveys on a triennial basis.
2. Army Medicine has been evaluating all of our facilities since 2012 to ensure that we align with the Army of the future, and that the services we provide support the population served.

Quality Measures:

- CPAD monitors HEDIS, ORYX, TJC reviewable events, and Potentially Compensable Events for each facility.
- Monitors data submitted by facilities who participate in NPIC, NHSN and NSQIP programs.
- This quality data is being incorporated into the service lines in support of transparency, sharing lessons learned and performance improvement and compared with national benchmarks.

Robust Process Improvement

(RPI): RPI/Lean Six Sigma (LSS)

Infrastructure:

- MSC/RMCs have a Directorate of Strategy and Innovation (DSI) or equivalent office, which includes a LSS Deployment Director (DD)
- DSIs serve as advisors to leaders at all levels and are responsible for: governance of the LSS Program, strategic management, strategic planning, and knowledge management IAW Army and MEDCOM guidance.

RPI/LSS Capabilities:

- Dec 13 published the OTSG/EMDCOM LSS Program Guide
- As of 1 Jul 14, MEDCOM has trained 634 Green Belt (GB), 558 Black Belt (BB) and 34 Master Black Belts (MBB)
- MEDCOM certification rate is 26% for GB, 32% for BB, and 50% for MBB

Project Stats	Overall	Project category		
	Number	Safety	Quality	Access
Completed	502	22	43	40
In Progress	123	7	26	14
Proposed	97	4	16	12

- Of the 360 certified belts, 73 (20%) have completed more than one project. MEDCOM's LSS vision for FY14 and beyond is to develop a cadre of CPI experts who can routinely tackle MEDCOM enterprise level projects to achieve transformational results

- In Apr 14, DSM LSS Division launched a new initiative communicating the results of successful LSS Projects through an EXSUM and one-slide quad chart to HQs Process Owners. Consultants and Senior